SEC 1972 (6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Partners Imaging, L.P.

Filing Under	(Check	box(es) that
annly):			

[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment PROCESSE

RECEIVED

A. BASIC IDENTIFICATION DATA

APR 0 6 2005

1. Enter the information requested about the issuer

THOMSON FINANCIAL

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Partners Imaging, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 5310 Monticello Avenue, Dallas, TX 75026 (214) 370-9565

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

Same



Brief Description of Br	siness: Providing management, billing and collection services to healthcare providers.
Type of Business Orga	nization
[] corporation [] business trust	[X] limited partnership, already formed [] limited partnership, to be formed
	Month Year
Actual or Estimated D	ate of Incorporation or Organization:
	[0]3] [0]5] [X] Actual [] Estimated
Jurisdiction of Incorpo	ration or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
1	CN for Canada; FN for other foreign jurisdiction) [T][X]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) [] Promoter that Apply:	[] Beneficial Owner	[] Executive [] Director [X] General and/or Officer Managing Partner
Full Name (Last name first, if indi- Partners Imaging, LLC	vidual)	
Business or Residence Address (N 5310 Monticello Avenue,		State, Zip Code)
Check Box(es) [] Promoter that Apply:	[X] Beneficial Owner	[] Executive [] Director [] General and/or Officer Managing Partner
Full Name (Last name first, if indi- Pappajohn, John	vidual)	
Business or Residence Address (N 5310 Monticello Avenue,		State, Zip Code)
Check Box(es) [] Promoter that Apply:	[X] Beneficial Owner	[] Executive [] Director [] General and/or Officer Managing Partner
Full Name (Last name first, if indi- Puckett, Steve	vidual)	
Business or Residence Address (N 5310 Monticello Avenue,		State, Zip Code)
Check Box(es) [] Promoter that Apply:	[X] Beneficial Owner	[] Executive [] Director [] General and/or Officer Managing Partner
Full Name (Last name first, if indi- Schaffer, Derace	vidual)	
Business or Residence Address (N 5310 Monticello Avenue,		State, Zip Code)
Check Box(es) [] Promoter that Apply:	[X] Beneficial Owner	[] Executive [] Director [] General and/or Officer Managing Partner
Full Name (Last name first, if indi- Andwel Partners 2004 Irr		
Business or Residence Address (N 5310 Monticello Avenue,		State, Zip Code)
Check Box(es) [] Promoter that Apply:	[] Beneficial Owner	[X] Executive [] Director [] General and/or Officer Managing Partner
Full Name (Last name first, if indi- Zucker, Michael	vidual)	
Business or Residence Address (N 5310 Monticello Avenue,		State, Zip Code)

		, (1	Jse blank	sheet, or	r copy an	d use add	litional co	opies of the	nis sheet,	as neces	sary.)		
	•			В.	INFOR	MATIO	N ABOU	T OFFE	RING				
		er sold, or	r does the	issuer in	itend to s	ell, to no	n-accredi	ted inves	tors in thi	s		Yes	No
onem	ng?		Answe	er also in	Appendi	x, Colum	ın 2, if fil	ing under	ULOE.			[]	[X]
2. Wha	it is the n	ninimum	investme	nt that w	ill be acc	epted fro	m any ind	dividual?.				\$ <u>15</u> 0	000,0
3. Do	es the off	ering pen	mit joint	ownershi	p of a sin	gle unit?						Yes	No
indirect sales of dealer than fi	tly, any f securiti registere ve (5) pe	commiss es in the d with the rsons to b	ion or sin offering. e SEC and	milar ren If a pers d/or with re associ	nuneratio on to be a state or	n for sollisted is a states, li	s been or licitation an associal ist the naruch a brok	of purch ited perso ne of the	asers in on or ager broker o	connection t of a br dealer.	on with oker or If more		
Full N	ame (Las N/A	t name fi	rst, if ind	ividual)									
Busine	ss or Res N/A	idence A	ddress (N	lumber a	nd Street	, City, Sta	ate, Zip C	Code)		- NJ.			
Name	of Assoc N/A	iated Bro	ker or De	aler	, , , , , , , , , , , , , , , , , , , ,						,,,,,,		
			isted Has				licit Purc	hasers V/A			[] Al	l States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Las N/A	t name fi	rst, if ind	ividual)	· - <u></u>	-							
Busine	ss or Res N/A	idence A	ddress (N	Jumber a	nd Street	, City, Sta	ate, Zip C	Code)					
Name	of Assoc N/A	iated Bro	ker or De	aler									
			isted Ha				licit Purc	hasers N/A	<u> </u>		[] Al	l States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Las N/A	t name fi	rst, if ind	ividual)									

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Busine	ss or Res N/A	sidence A	ddress (N	lumber a	nd Street,	, City, St	ate, Zip (Code)				
Name o	of Associ	iated Bro	ker or De	aler								
					d or Interates)			hasers N/A			[] A	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
***		(1)	Jse blank	sheet, or	r copy an	d use ado	litional c	opies of t	his sheet,	as neces	ssary.)	
shelek file v	C.	OFFER	ING PRI	CE, NU	MBER C	F INVE	STORS,	EXPEN	SES ANI	D USE O	F PRO	CEEDS
and the the trancolumn	total an	nount alrestis an exc	eady sold hange of	. Enter "(fering, cl	ecurities O" if answ neck this urities of	ver is "no box " an	ne" or "z d indicat	ero." If e in the				
Debt		· · · · · · · · · · · · · · · · · · ·								ggregate ering Pric 0 0	ce	Amount Already Sold \$ 0 . \$ 0 .
[]Common [] Preferred Convertible Securities (including warrants)							\$\$\$\$\$\$\$	0		\$ 0 . \$ 3,000,000 . \$ 0 . \$ 3,000,000 .		
2. Enter purchase their persons	r the nu sed secu urchases who ha	imber of rities in For of ave purch	accredite this offe ferings unased sec	ed and no ring and under Ru urities ar	on-accred the aggrale 504, and the aggrand the aggrand	lited invergence de la lindicate gregate (estors whollar amo the nun dollar am	unts of ober of ount of				
Non-ac Tot	credited al (for fi	Investors lings und	s er Rule 5	 04 only)	f filing ur					per Invest 4 0 0	<u>.</u>	Aggregate Dollar Amount of Purchases \$ 3,000,000 . \$ 0 . \$ 0 .
informa offering	ation red gs of the crities in	quested types inc	for all s licated, tl	ecurities ne twelve	der Rule sold by (12) mo curities b	the issumths prio	uer, to or to the f	late, in irst sale				
	pe of off le 505					•••••••	•••••		Type of	Security		Dollar Amount Sold \$

Page 5

Regulation A		\$ <u>.</u>
Rule 504	<u> </u>	\$ <u>.</u>
Total	·	\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely		
o organization expenses of the issuer. The information may be given as		
subject to future contingencies. If the amount of an expenditure is not		
known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		[]\$0
Printing and Engraving Costs		[]\$0
Legal Fees		[]\$0
Accounting Fees		[]\$0
Engineering Fees		[]\$0
Sales Commissions (specify finders' fees separately)		[]\$
Other Expenses (identify) miscellaneous		[]\$0
Total		[]\$
b. Enter the difference between the aggregate offering price given in		
response to Part C - Question 1 and total expenses furnished in response to		
Part C - Question 4.a. This difference is the "adjusted gross proceeds to the		\$ <u>3,000,000</u>
ssuer."		
for any purpose is not known, furnish an estimate and check the box to the eft of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others*
Salaries and fees	[X] \$ <u>350,000</u>	[]\$0
Purchase of real estate	[]\$ 0	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of		[]\$ 0
securities involved in this offering that may be used in	[] 	L J *
exchange for the assets or securities of another issuer		
pursuant to a merger)		
Repayment of indebtedness	[]\$0	[]\$ 0.
Working capital	[X] \$ <u>2,650,000</u> .	[]\$ <u> </u>
Other (specify):	[] + <u>-;===;</u>	() *
(Speed), /-		
	[37] A 2 000 000	
Column Totals	[X] \$ <u>3,000,000</u> .	[]\$0
Total Payments Listed (column totals added)	[X] \$ 3.00	00.000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Partners Imaging, L.P.	Digitature	Date
raidles imaging, c.r.	-2816 John	- 4/1/2
Name of Signer (Print or Type) Michael Zucker for Partners Imaging Management, LLC as General Partner	Title (Print or Type) Chief Executive Officer of C	eneral Partner
ATTENTI Intentional misstatements or omissions of fact constitute		U.S.C. 1001.)
E. STATE SIGN	NATURE	
1. Is any party described in 17 CFR 230.262 presently subject to a of such rule?		s Yes No
See Appendix, Column 5,	for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)
Partners Imaging, L.P.

Name of Signer (Print or Type)
Michael Zucker for
Partners Imaging Management, LLC as General Partner

Signature

Date

4///05

Title (Print or Type)
Chief Executive Officer of General Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.